

CLAIM

Application Number

Filing Date

Applicant(s)

** May be used for additional claims or amendments*

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	-		/				51			
2			/				52			
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48							98			
49							99			
50							100			
Total Indep			4				Total Indep			
Total Depend			26				Total Depend			
Total Claims			30				Total Claims			

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